

Name  
in FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Church Hill* Town *Queen Anne's* County  
 Date of death 1980 Feb 21 Age 31 9 Months 14 Days

Sex *Female* Color or Race *Black* Birth place *Queen Anne's Md.*

Occupation *Housework* Where Residing if not at place of death *At place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *Chas. Brown*

Father's Name *William Brooks*

Father's Birthplace *Ken Co Md*

Mother's Maiden Name *Elizabeth Hall*

Mother's Birthplace *Queen Anne's Co.*

Name of person giving Information *Elizabeth Hall*

How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Peritonitis (Puerperal)* How long *8 days*

Immediate *Hemorrhage and Anemia* How long *4 days*

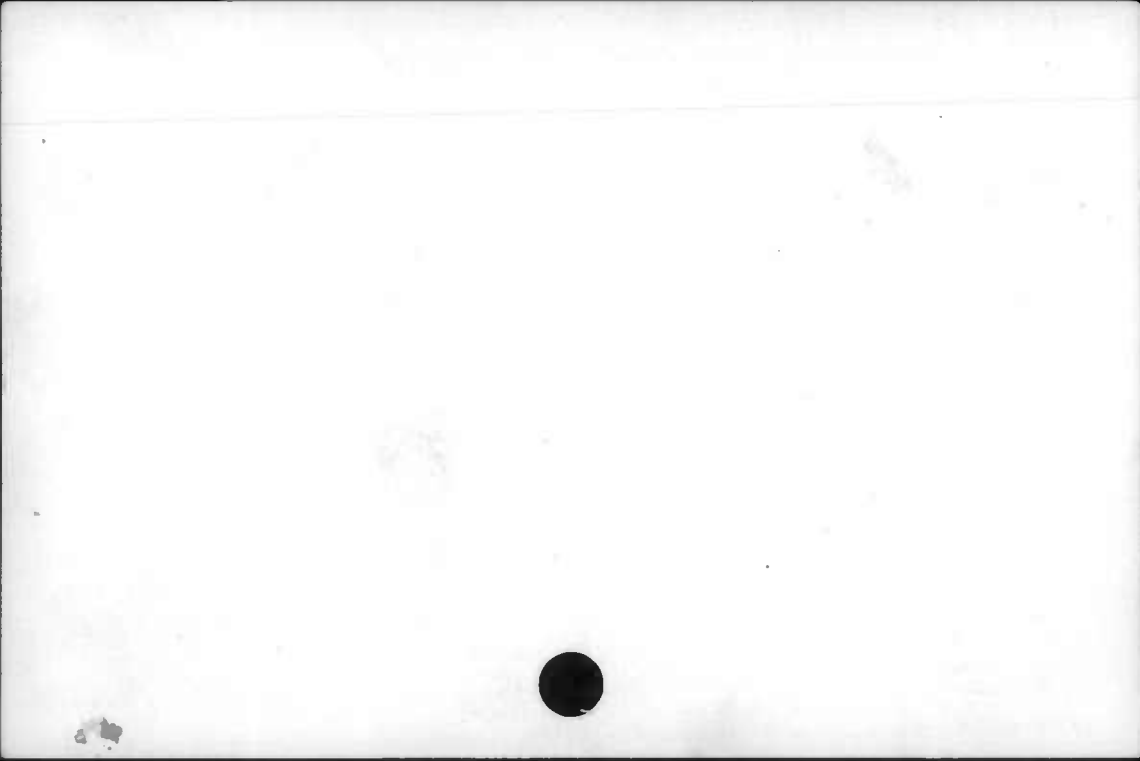
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*D. G. Coppage*  
*Church Hill*

~~Accident or Suicide~~



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

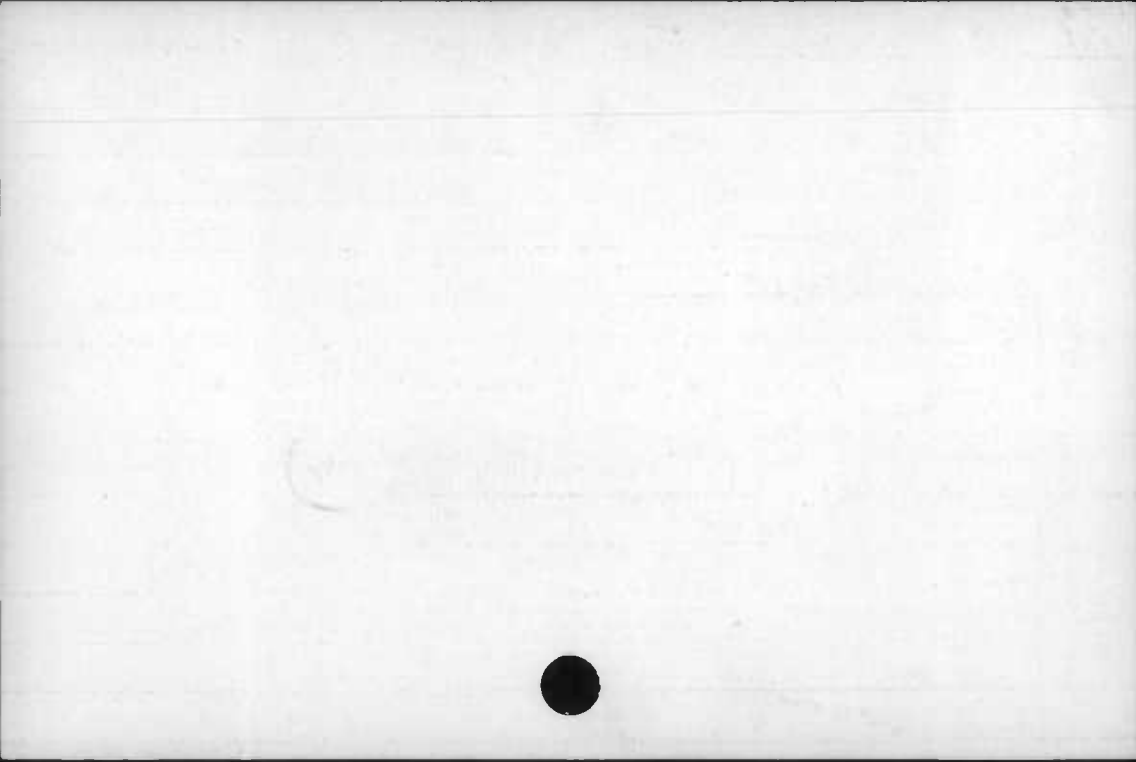
Name in Full <i>Rebecca J. Clark</i>		Town <i>Salmon</i>		County <i>Dunsmuir</i>		MARYLAND	
Died at <i>Salmon</i>		Month <i>2</i>		Day <i>2</i>		Years <i>76</i>	
Date of death <i>1940</i>		Month <i>2</i>		Age <i>76</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White American</i>		Birth-place <i>Delaware</i>		Days <i>—</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jas. D. Clark</i>		Father's Name <i>James English</i>		Father's Birthplace <i>Delaware</i>	
Mother's Maiden Name <i>Sarah Buckingham</i>		Name of person giving information <i>Wm. D. Clark</i>		Mother's Birthplace <i>41</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Atherosclerosis</i>	How long <i>5 or 6 yrs</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Buckingham</i>
Accident or Suicide? <i>No</i>	



# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

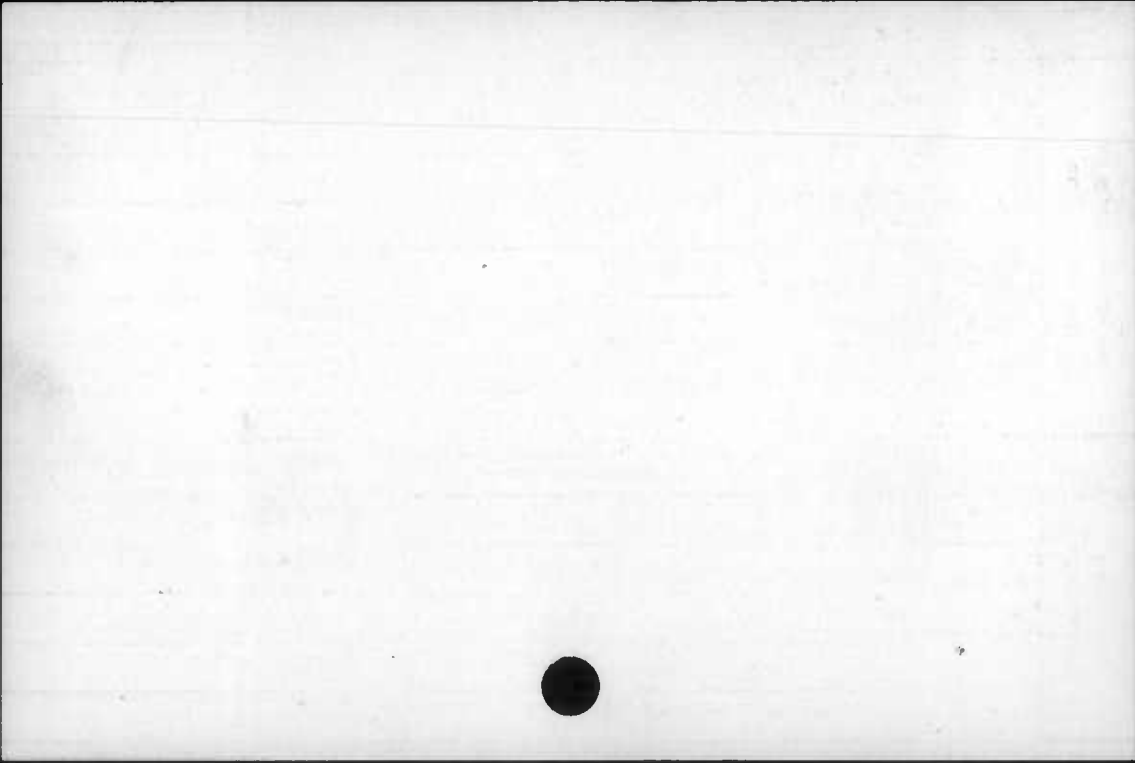
Died at <i>Queen Anne's</i>		County <i>Co</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>66</i>	Months <i>0</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne's Co</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>do do do</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah F. Ciesler</i>			
Father's Name <i>James Ciesler</i>			Father's Birthplace <i>2, 9 C Md</i>		
Mother's Maiden Name <i>Frazer Parkhurst</i>			Mother's Birthplace		
Name of person giving Information <i>Wife Mrs Ciesler</i>			How related to deceased <i>Wife</i>		

### CAUSES OF DEATH

24) ✓

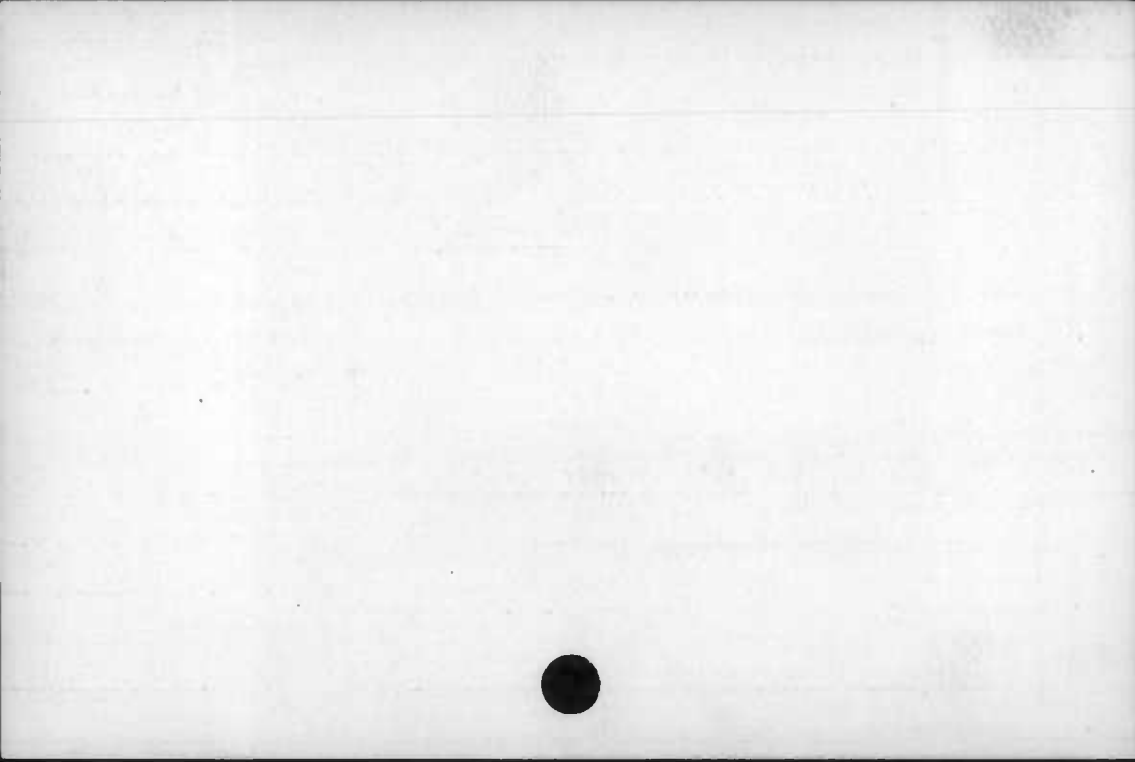
PHYSICIAN  
OR CORONER

Primary	Laryngeal Tuberculosis		How long	2 yrs
Immediate	Straination		How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. M. Forks, M.D.	
			Address Culverville, Mo.	
Accident or Suicide?		no		



Name in Full		BENJAMIN CROWNER				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	near <i>Burr's Hill</i>		<i>Centreville</i>		<i>Queen Anne's</i>			
	Date of death		Month	Day	Age	Years	Months	Days
	19 <i>10</i>		<i>Feb.</i>	<i>11</i>		<i>50</i>		
	Sex		Color or Race		Birth-place			
	<i>Male</i>		<i>Negro</i>		<i>Queen Anne's Co.</i>			
	Occupation		Where Residing if not at place of death					
<i>Labourer</i>								
Married, Single or Widowed		Name of Wife or Husband						
<i>Single</i>								
Father's Name		Father's Birthplace						
<i>Benjamin Cramer</i>		<i>Queen Anne Co.</i>						
Mother's Maiden Name		Mother's Birthplace						
<i>Hennia</i>		<i>" " Co</i>						
Name of person giving information		How related to deceased						
<i>Wm. Thompson</i>		<i>Brother in Law</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		How long					
	<i>Exposure to cold</i>							
	Immediate		How long					
	<i>Heart. Lesion</i>							
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
<i>Yes</i>		<i>E. F. Smith</i>						
		Address						
		<i>Centreville</i>						
		<i>Md.</i>						
Accident or Suicide?								

178





### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date \_\_\_\_\_

of death 1900

Monitor

Day

Age

Years

Months

Days

Sex

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving  
Information

How related  
to deceased

### CAUSES OF DEATH

Primary

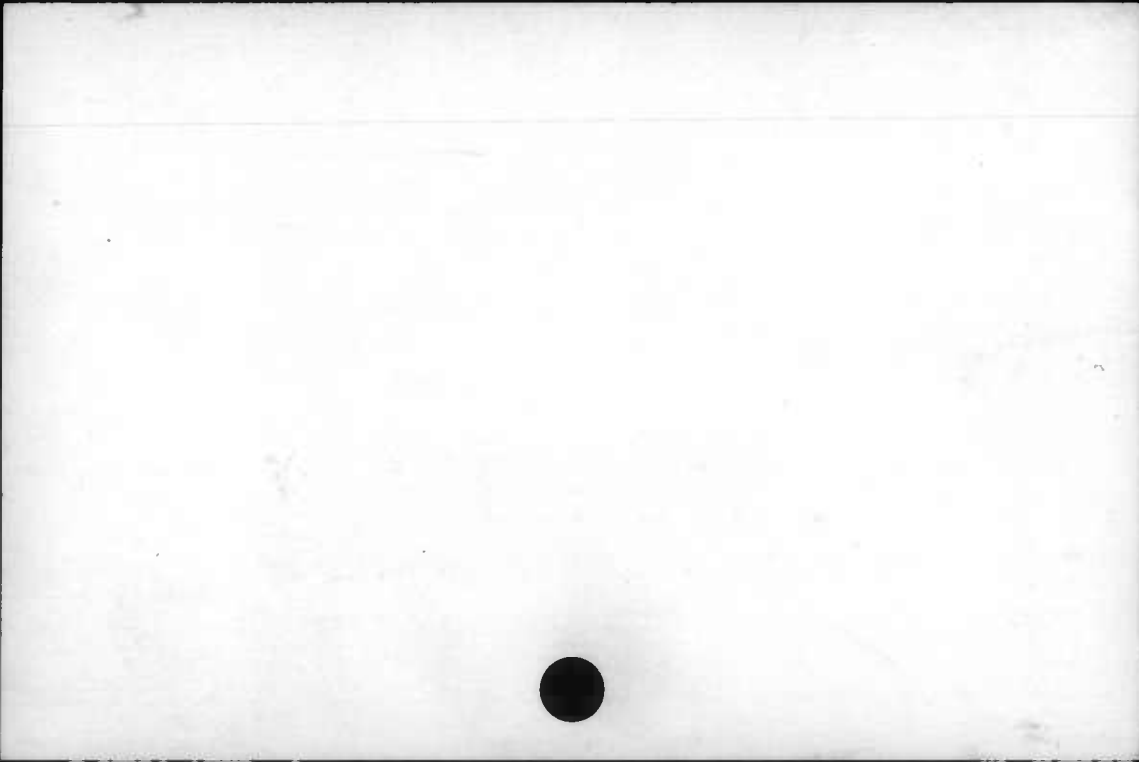
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

### Accident or Suicide



Name  
in  
Full

Mary E. Denny.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wye Mills</i> <sup>Town</sup>		<i>Lunenburg</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	<i>2nd</i> <sup>Month</sup>	<i>16</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>8</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wye Mills Md</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>Wye Mills Md</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Child</i>			
Father's Name <i>Wm E Denny</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Bertha May. Asilton</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Wm E. Denny</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

**104** ✓

How long *6 Hours*

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>6 Hours</i>
Immediate <i>Heart failure &amp; Strangulation</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. O. Slack M.D.</i>
	Address <i>Wye Mills Md.</i>
Accident or Suicide?	



Name  
in  
Full

Lorris O Dudley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

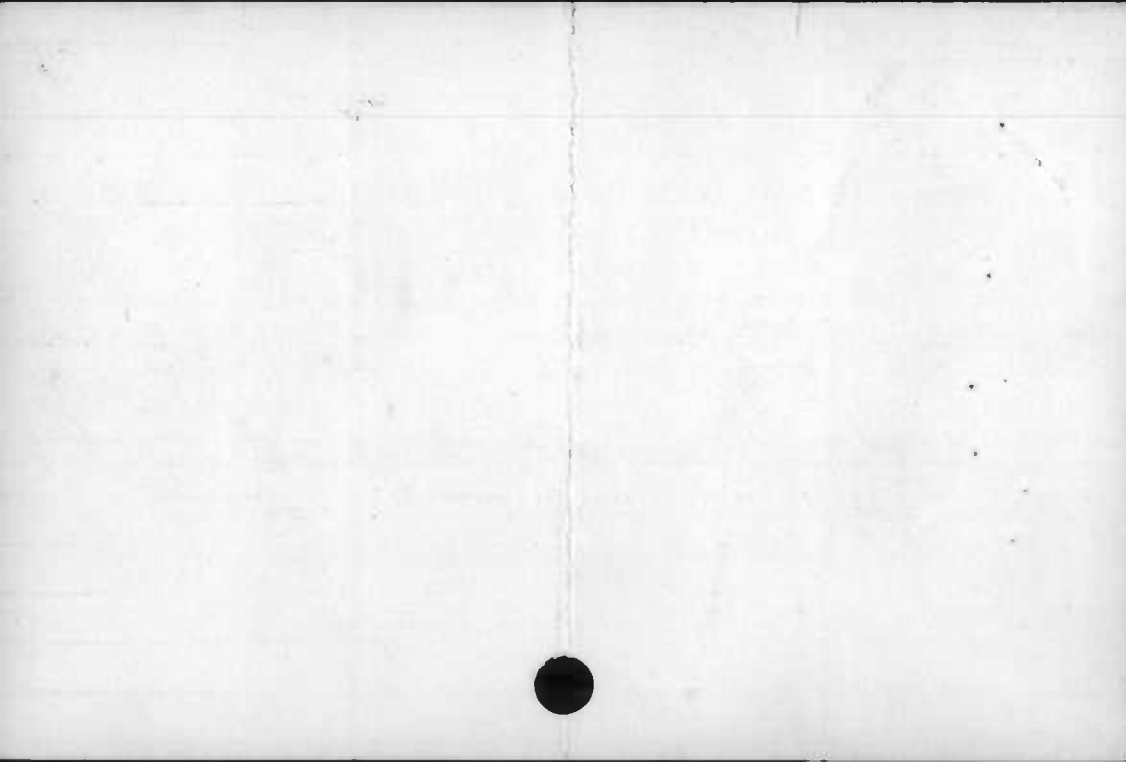
Died at <i>Bucksville</i>		Town		<i>Prince Anne</i>		County		MARYLAND	
Date of death	<i>1960</i>	Month	<i>2</i>	Day	<i>17</i>	Age	<i>84</i>	Years	Months
Sex	<i>male</i>		Color or Race	<i>Caucasian</i>		Birth-place	<i>Maryland</i>		
Occupation	<i>Traveling Salesman</i>		Where Residing if not at place of death		<i>Baths, Md.</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>Mary E. Dudley</i>				
Father's Name	<i>Jeremiah Dudley</i>					Father's Birthplace	<i>Virginia</i>		
Mother's Maiden Name	<i>Jennie Alvey</i>					Mother's Birthplace	<i>Maryland</i>		
Name of person giving information	<i>Mary E. Dudley</i>					How related to deceased	<i>Wife</i>		

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary Cause	<i>Coronary Artery &amp; Aneurysm</i>		How long	<i>8 or 10 hours</i>
Immediate Cause	<i>Respiratory &amp; Cardiac Distress</i>		How long	<i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>W. M. Moore</i>
			Address	<i>Baltimore Md</i>
Accident or Suicide?	<i>Accident</i>			



Name  
in  
Full

Eugene Hopkins

CERTIFICATE OF DEATH

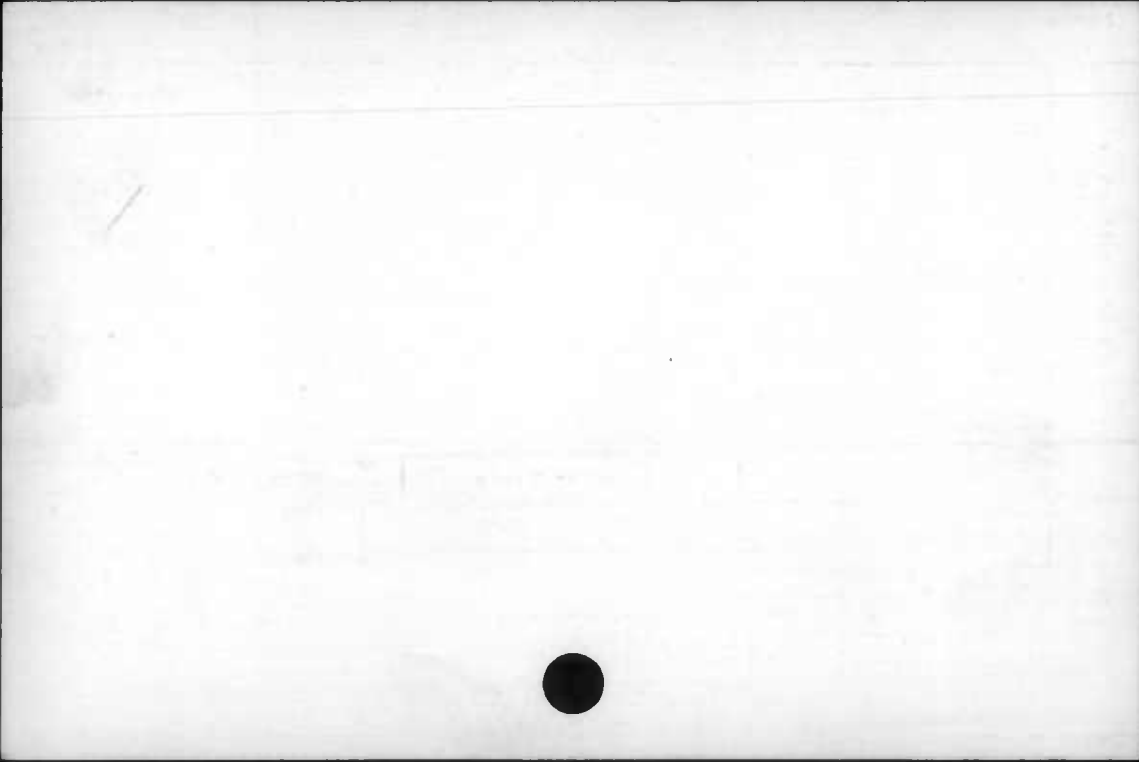
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Queensdown</u> Town		<u>Queensdown</u> County		MARYLAND	
Date of death	19 <u>00</u>	Month	<u>2nd</u>	Day	<u>14th</u>
Age		<u>66</u>	Years	Months	<u>unknown</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Kent Island</u>
Occupation	<u>Paper Hanger</u>		Where Residing if not at place of death	<u>Home</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Emma Ringgold</u>		
Father's Name	<u>James Hopkins</u>		Father's Birthplace	<u>Kent Island</u>	
Mother's Maiden Name	<u>Anna E. White</u>		Mother's Birthplace	<u>Kent Island</u>	
Name of person giving Information	<u>Emma Hopkins</u>		How related to deceased	<u>wife</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Cardiac Failure</u>	<u>189 M</u>
Are the name, age, sex, color, date and place correctly given above?	How long
<u>Yes.</u>	<u>12 hours.</u>
Signature of Physician	Address
<u>Louis Hergerrather J.P.</u>	<u>Sub Registrar</u>
Accident or Suicide	





Name  
in  
Full

Annie M. Jump

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ruthsburg</i>		Town <i>Queen Annes</i>		County		MARYLAND	
Date of death 19 <i>00</i>	Month <i>Feb.</i>	Day <i>15</i>	Years <i>76</i>	Months <i>5</i>	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Co. Md.</i>				
Occupation <i>House keeping</i>			Where Residing if not at place of death				
<del>Married, Single or Widowed</del>			Name of <del>Widower</del> Husband <i>John T. Jump</i>				
Father's Name <i>James Turner</i>			Father's Birthplace <i>Caroline Co. Md.</i>				
Mother's Maiden Name <i>Celia Stack</i>			Mother's Birthplace <i>Caroline Co. Md.</i>				
Name of person giving Information <i>Elanora Turner</i>			How related to deceased <i>Sister</i>				

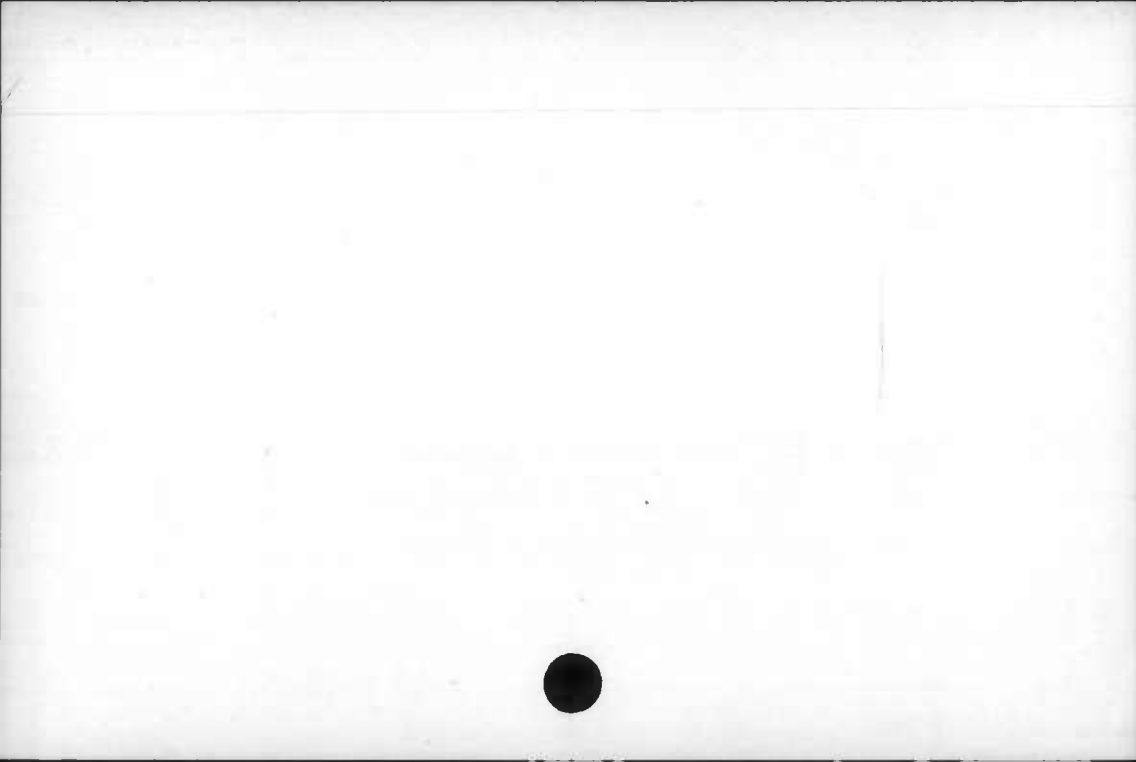
## CAUSES OF DEATH

1866

172

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long
Immediate <i>Shock from a fall</i>	How long <i>3 weeks and 3 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter H. Fenby,</i>
	Address <i>Centreville,</i>
Accident <del>_____</del>	<i>R.R. No. 4. Md.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Norway McIlenny Leemit*

Town *Church Hill* County *Queen Anne's Co* MARYLAND

Died at

Date of death 1900 Month *Feb* Day *16* Age *5* Years Months *1* Days

Sex *Male* Color or Race *Colored* Birth-place *Queen Anne's Co*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Joseph H Leemit* Father's Birthplace *Queen Anne's Co*

Mother's Maiden Name *Johna E Stewart* Mother's Birthplace *Queen Anne's Co*

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

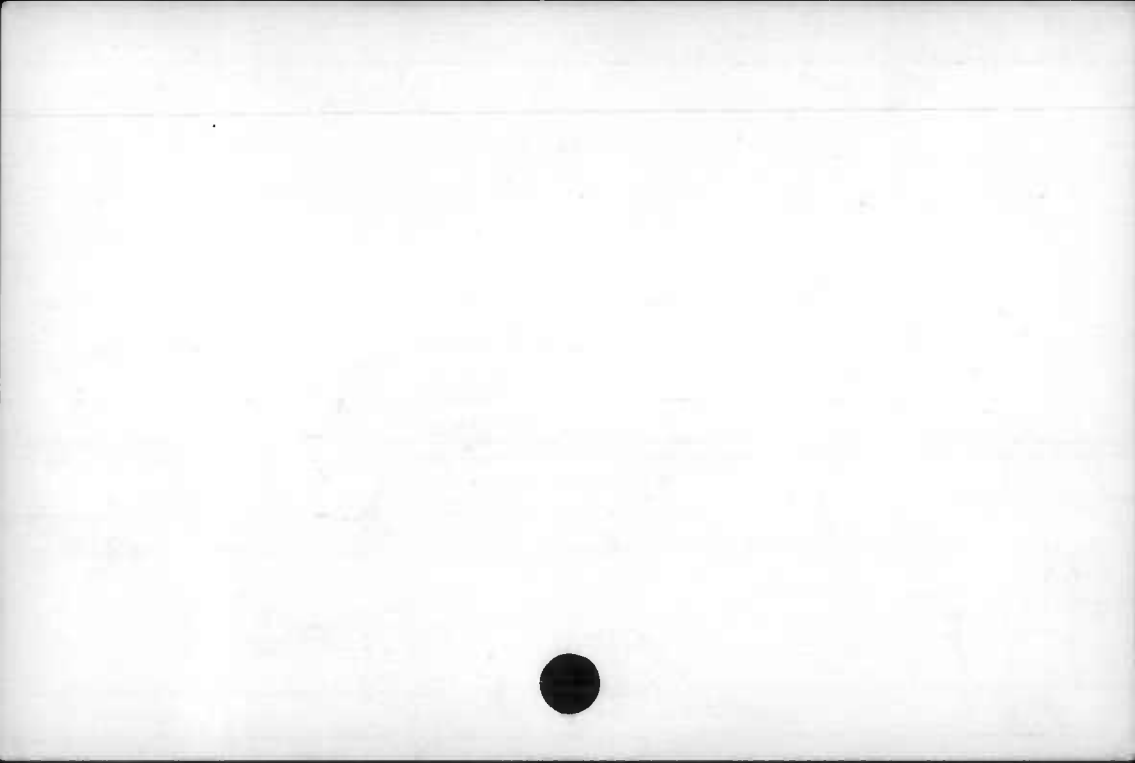
Primary *Pneumonia* How long *3 days*

Immediate *Exhaustion* How long *1 hr*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *S. C. Dudley*

Address *Church Hill*

Accident or Suicide *No* *Morland*



Name  
in  
Full

Ida Nickel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

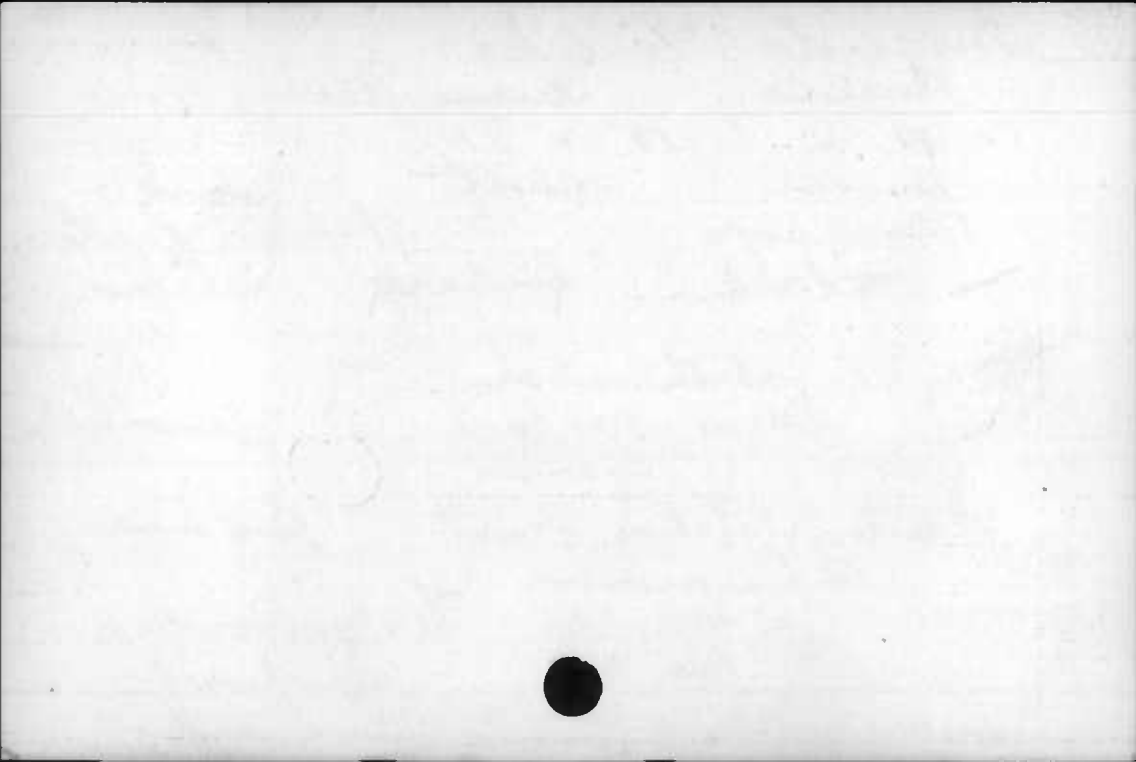
Died at		Town Centreville		County Queen Anne		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1940		2	15	1		2	
Sex		Color or Race		Birth- place			
Female		Hebrew		Centreville			
Occupation				Where Residing if not at place of death			
none				Centreville Md.			
Married, Single or Widowed		Name of Wife or Husband					
Single		none					
Father's Name				Father's Birthplace			
Mandrel Nickel				Russia			
Mother's Maiden Name				Mother's Birthplace			
Rachel Pushkin				Russia			
Name of person giving In formation				How related to deceased			
Mandrel Nickel				Husband			

## CAUSES OF DEATH

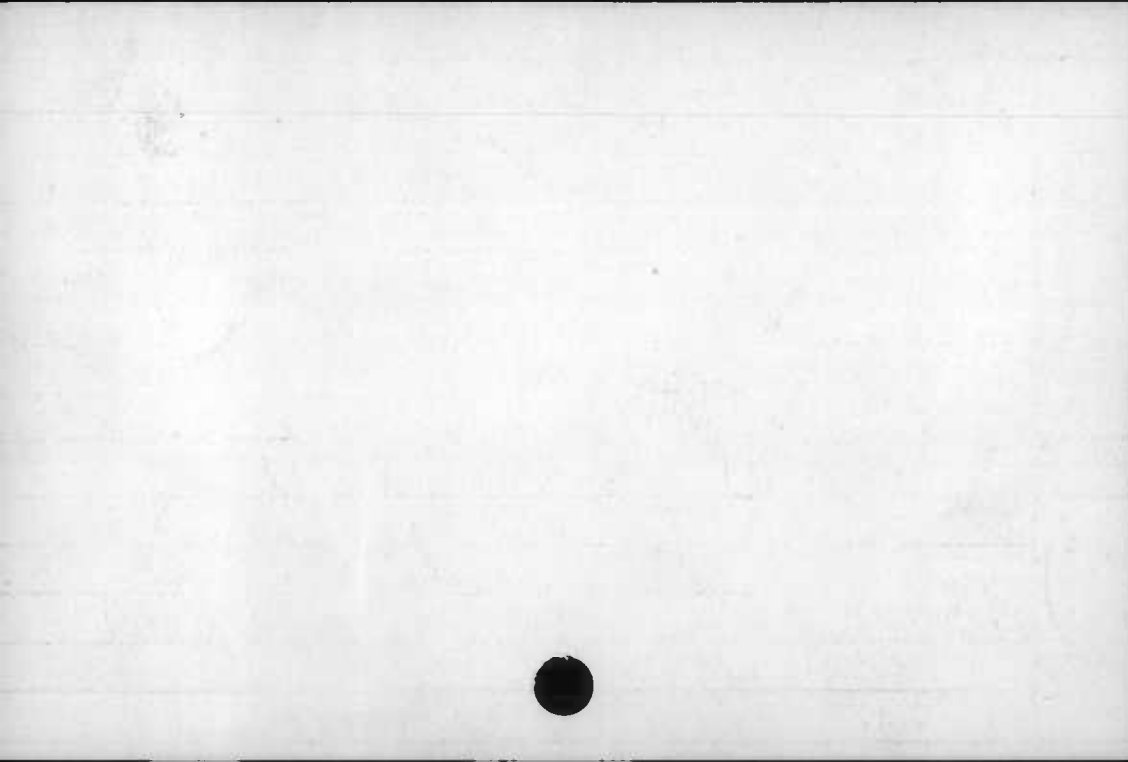
8

PHYSICIAN  
OR CORONER

Primary		How long	
Whooping Cough		2 weeks	
Immediate		How long	
Pneumonia		1 week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. F. Smith	
		Address	
		Centreville Md.	
Accident or Suicide?			



Name in Full		Amanda Phillips				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Barclay		County		MARYLAND	
	Date of death	1910	Month 2	Day 10	Age 86	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband			
	Father's Name	Thomas Hewitt		Father's Birthplace			
	Mother's Maiden Name	Elizabeth Osborn		Mother's Birthplace			
	Name of person giving information	David Wallace		How related to deceased			
				79		Law in Law.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute dilatation Heart				How long	
	Immediate	Apnoea				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		No.				





Name  
in  
Full

Mildred L. Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

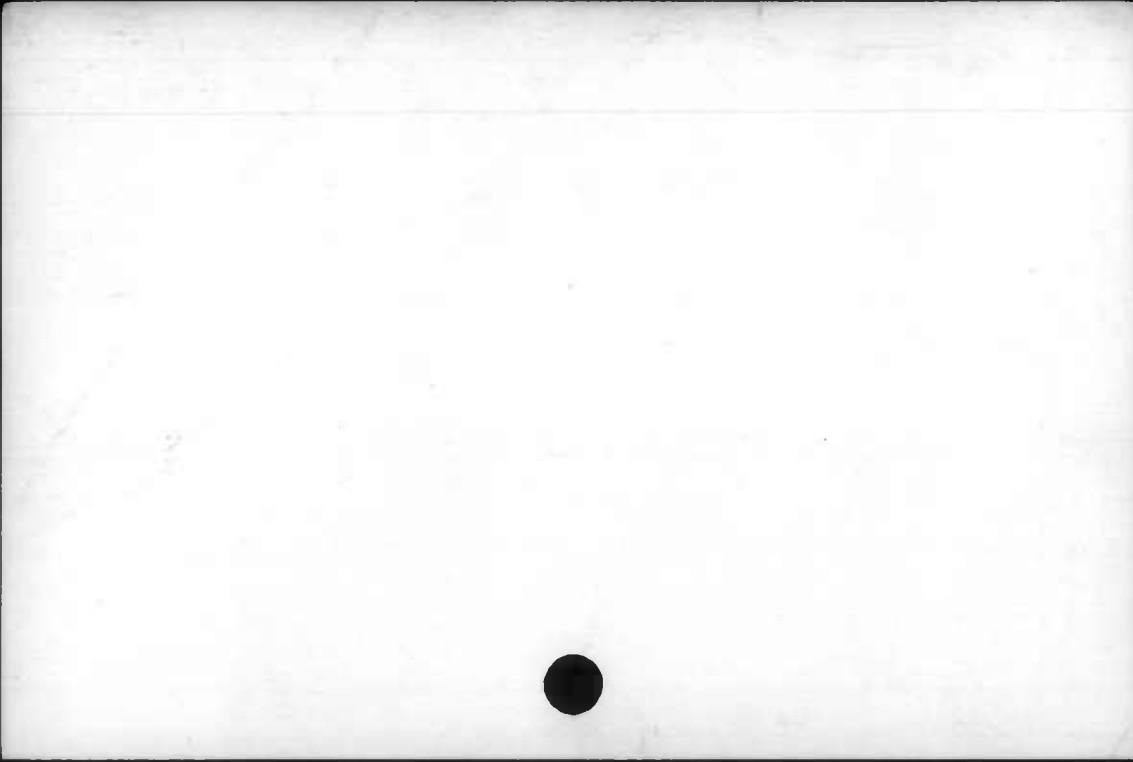
Died at <u>Stevensville</u> Town		<u>Q. D.</u> County		MARYLAND	
Date of death <u>1940</u>	Month <u>Feb</u>	Day <u>8</u>	Age <u>4</u> Years	Months <u>10</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Kent Isld Md.</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death		<u>" " "</u>		
<del>Married</del> Single or Widowed	Name of Wife or <del>Husband</del>				
Father's Name <u>Thomas Pierce</u>	Father's Birthplace <u>K. I. Md.</u>				
Mother's Maiden Name <u>Josephine Green</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving Information <u>Jennie Green</u>	How related to deceased <u>Grand mother</u>				

## CAUSES OF DEATH

48

PHYSICIAN  
OR CORONER

Primary <u>Dropsy &amp; Rheumatism</u>	How long <u>1 year</u>
Immediate <u>Complications</u>	How long <u>2 mo.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. Percy Kemp</u>
	Address <u>Stevensville Md.</u>
<del>Accident or Suicide</del>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H. Pullman* Town *Millington* County *Queen Anne* MARYLAND

Died at *Millington* Date of death 19*60* Month *Feb* Day *28* Age *47* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Kent Co, Md.*

Occupation *Farm laborer* Where Residing if not at place of death *Kent Co, Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Verdie Pullman*

Father's Name *R. E. Pullman* Father's Birthplace *Kent Co Md*

Mother's Maiden Name *Julia Clark* Mother's Birthplace *Kent Co Md.*

Name of person giving Information *Verdie Pullman* How related to deceased *Wife.*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

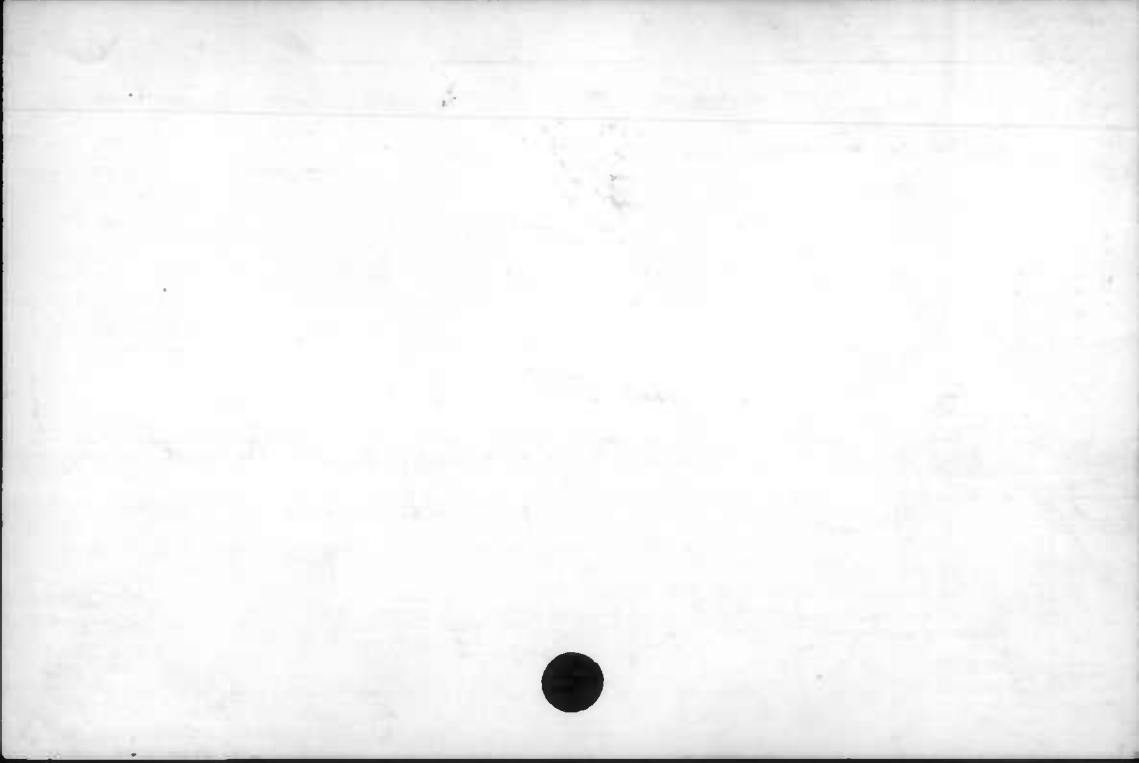
Primary *Typhoid fever* How long *4 Weeks*

Immediate *Perforation* How long *8 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. J. Gorman Md* Address *Millington Md*

Accident or Suicide *No*



Name  
in  
Full

John W H Quail

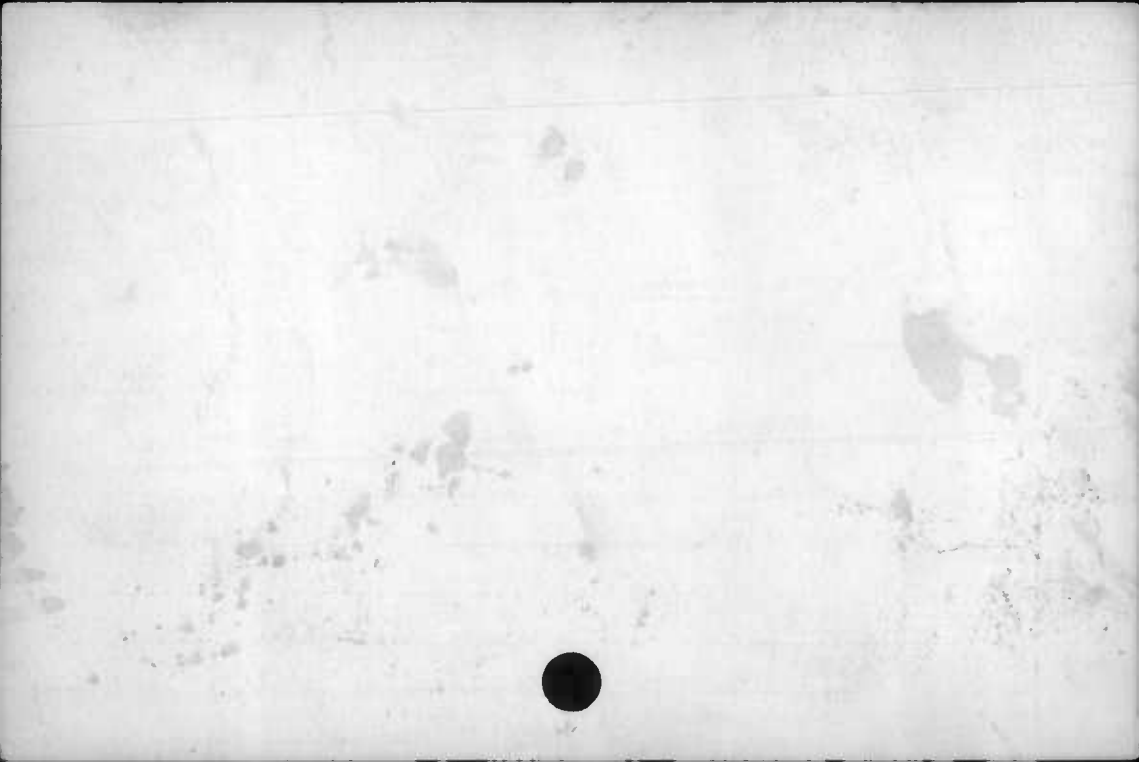
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Winchester		County Queen Annes		MARYLAND	
Date of death	1900	Month Feb	Day 3	Age Years 69	Months 2	Days	
Sex	male		Color or Race	White		Birth- place	Bath city
Occupation	Waterman			Where Residing if not at place of death			
<del>Married</del> Widowed	widower		Name of Wife or Husband none				
Father's Name	not Known					Father's Birthplace	
Mother's Maiden Name	not Known					Mother's Birthplace	
Name of person giving In formation	John F Quail					How related to deceased Son	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Was struck by a U. D. & V. RR train both legs were broken and his skull		How long	164	175
	Immediate	RR accident (crushed)		How long	Died instantaneously	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
	Accident		Address Baron			
Accident or Suicide?		Foras Stone Ma				



Name  
in  
Full

Anna Reinscke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

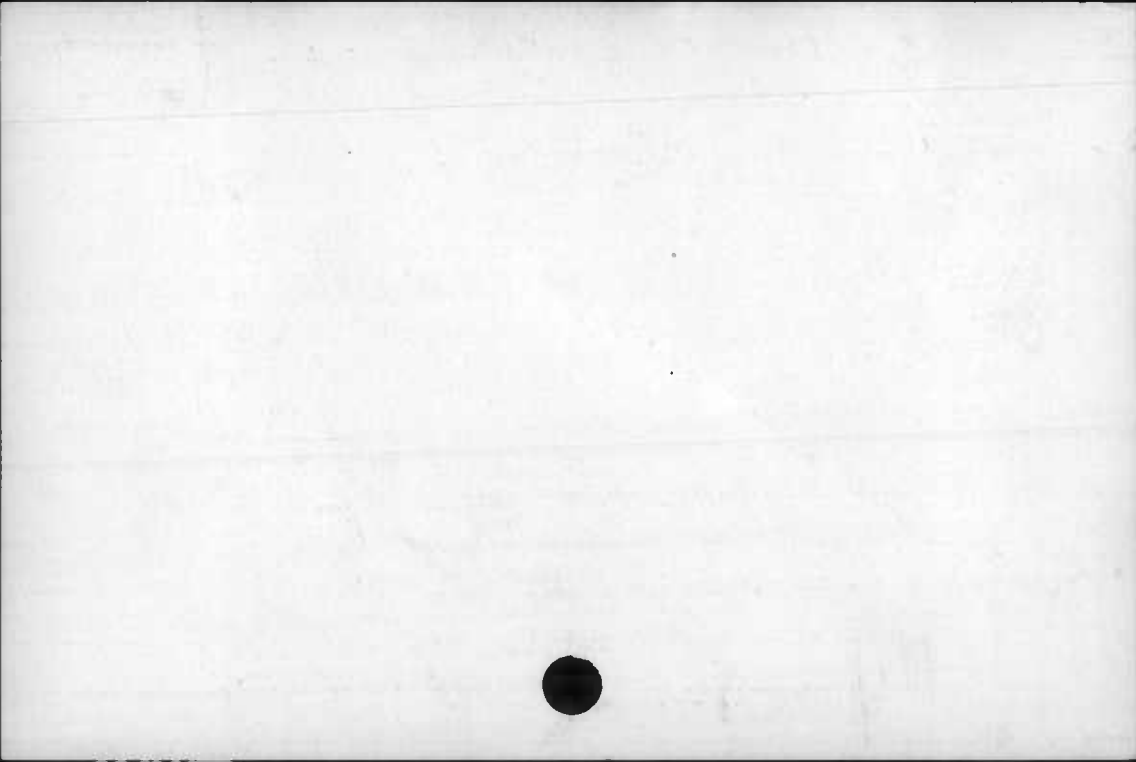
Died at <i>Hermitage</i>		Town <i>Hermitage</i>		County <i>Zuercher</i>		State <i>MARYLAND</i>	
Date of death <i>1940</i>	Month <i>2</i>	Day <i>5</i>	Age <i>41</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White-American</i>		Birth-place <i>Pennsylvania</i>				
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>Hermitage</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John C. Reinscke</i>						
Father's Name <i>George Stark</i>	Father's Birthplace <i>Don't Know</i>						
Mother's Maiden Name <i>Emma</i>	Mother's Birthplace <i>Don't Know</i>						
Name of person giving information <i>Mrs. Alice Reinscke</i>	How related to deceased <i>Daughter</i>						

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <i>Scarlet fever</i>	How long <i>Don't Know</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Chilwell</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Mrs Amanda Roe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barclay</i> Town		<i>Sumner Anne</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>7</i>	Age <i>43</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Wife</i>		Where Residing if not at place of death <i>Md.</i>			
Married, <del>Single</del> <i>Widowed</i>		Name of Wife or Husband <i>Medford Roe</i>			
Father's Name <i>Wm Henry Thompson</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mary Ann Phillips</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Medford Roe</i>			How related to deceased <i>Husband</i>		

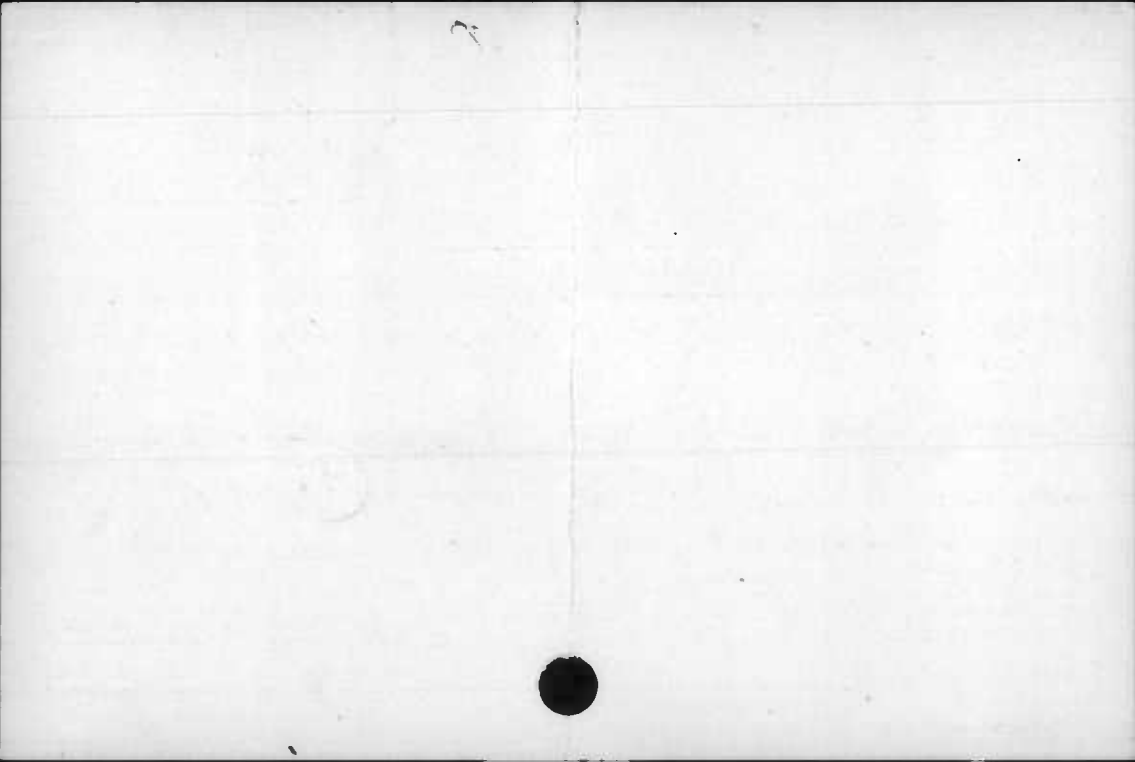
## CAUSES OF DEATH

119  
How long*Two months*

How long

*Two weeks*PHYSICIAN  
OR CORONER

Primary <i>Toxaemia</i>	Signature of Physician <i>Foster Sush</i>
Immediate <i>" Uræmia Cardiac Paralysis</i>	Address <i>Sussexville Md.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Mr. Fannie M. Smith

Town

County

MARYLAND

Died at Church Hill

Seven Acres Co

Date

1910

Month

Day

Years

Months

Days

of death

1910

Feb-

11-

Age

64

7

1

Sex

Female

Color or  
Race

White

Birth-  
place

Seven Acres Co Md

Occupation

Housewife

Where Residing if not  
at place of death

at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

William D. Smith

Father's  
Name

Henry Smith

Father's  
Birthplace

2 A Co Md

Mother's  
Maiden Name

Jude Reed-

Mother's  
Birthplace

2 A Co Md

Name of person giving  
Information

Miss Fannie Smith

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Pneumonia

How long

5 days.

Immediate

Exhaustion

How long

Three

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

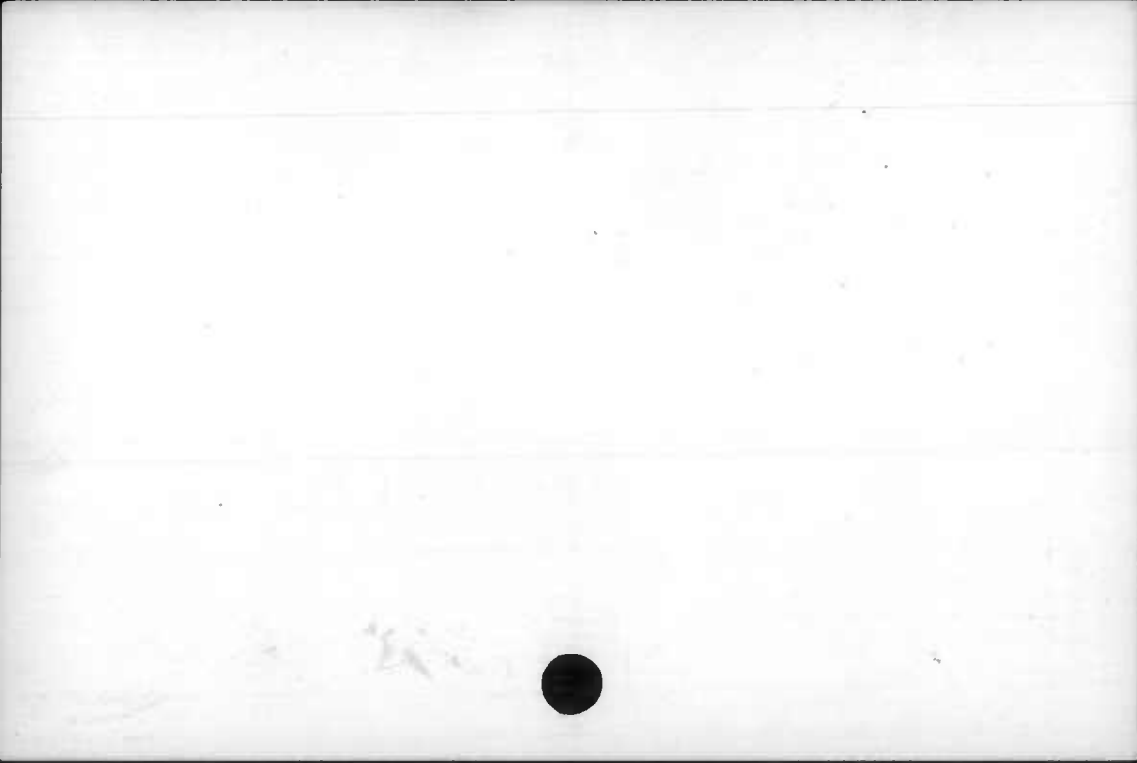
Address

J. S. Dudgey Md  
Church Hill  
Seven Acres Co Md

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in Full

Samuel Newton Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

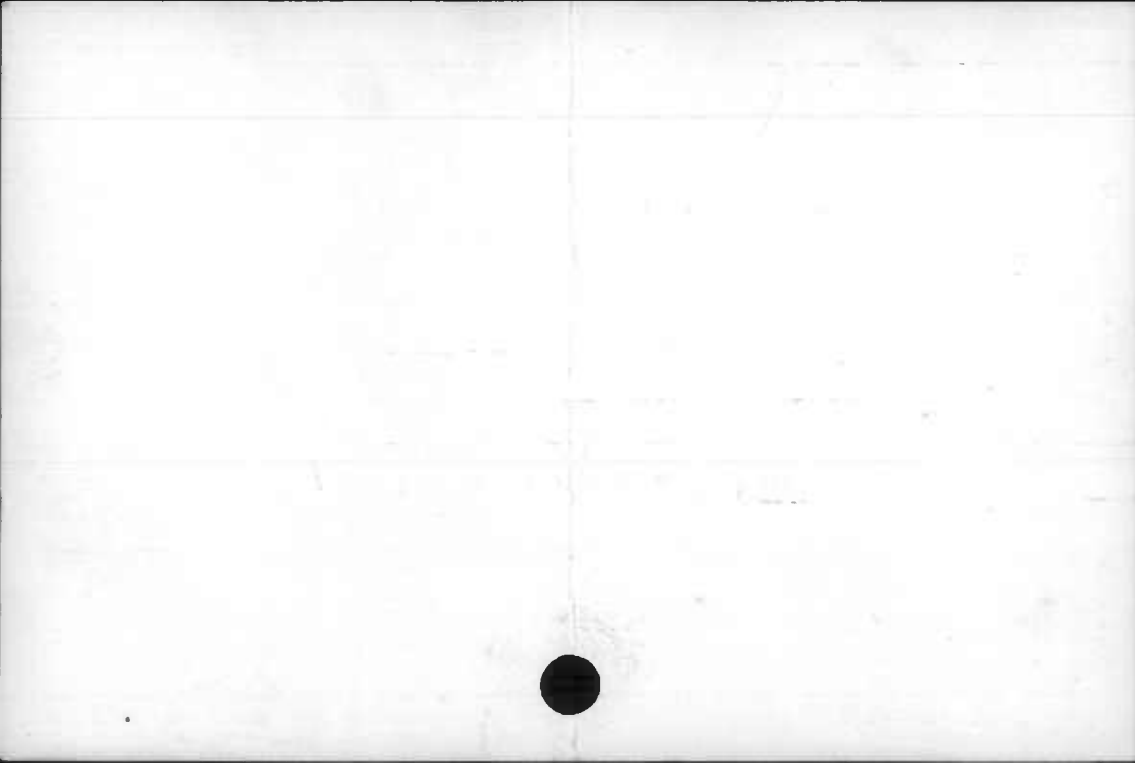
Died at		Town		County		MARYLAND	
Willoughby		Lumaine					
Date of death		Month	Day	Age	Years	Months	Days
1900		2nd	16	79		10	3
Sex		Color or Race		Birth place			
Male		White		Talbot Co, Md			
Occupation		Where Residing if not at place of death					
Merchant		Willoughby					
Married, Single or Widowed		Name of Wife or Husband					
Single		Susan L. Smith					
Father's Name		Father's Birthplace					
James Smith		Md.					
Mother's Maiden Name		Mother's Birthplace					
Amelia Grayson		Md.					
Name of person giving Information		How related to deceased					
Margaretta Q. Rhodes		Daughter					

CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary		How long	
Old age		Extremities - sclerosis - subsequent malnutrition	
Immediate		How long	
Natural Causes			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. H. Stack M.D.	
		Address	
		Wye Mills Md	
Accident or Suicide			



Name  
in  
Full

David Spencer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Big Woods* Town *2* County *Dinne Co* **MARYLAND**

Date of death *1900* Month *Feb* Day *19* Age *60* Years Months Days

Sex *Male* Color or Race *Negro* Birth-place *D D Co*

Occupation *Labourer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *Fanny Spencer*

Father's Name *Manuel Spencer* Father's Birthplace *—*

Mother's Maiden Name *Unknown* Mother's Birthplace *—*

Name of person giving Information *Walter Spencer* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

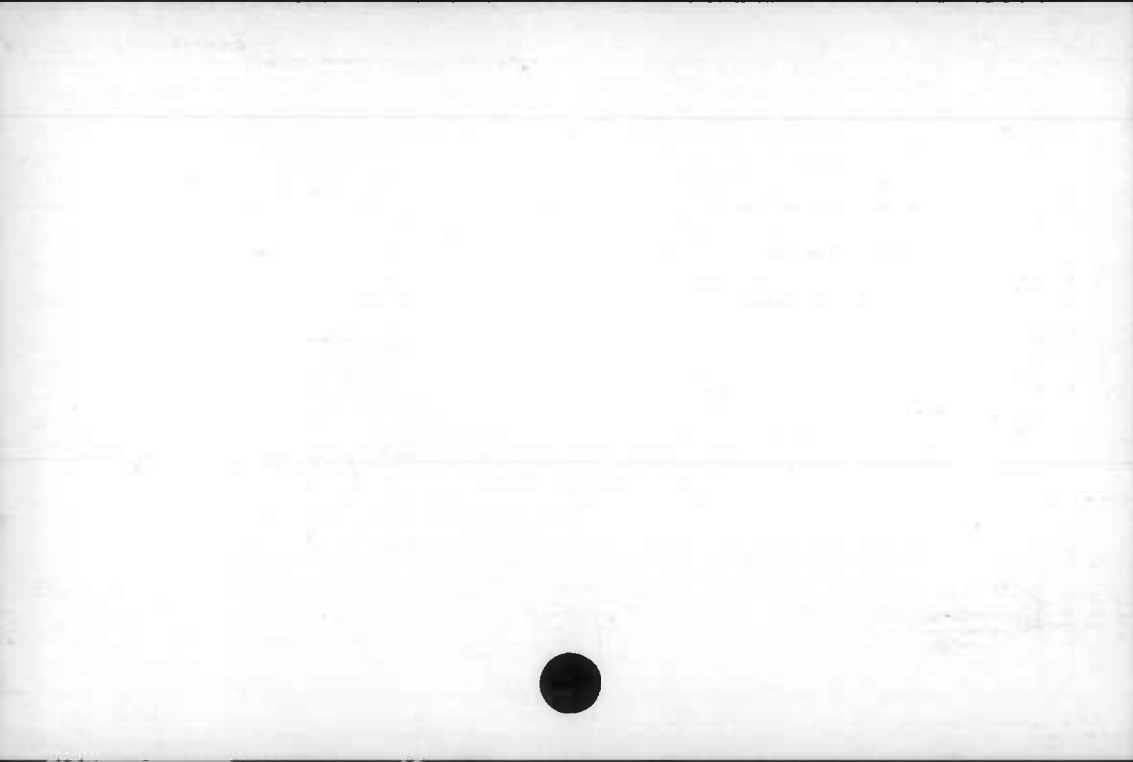
Primary *Pneumonia* How long *2 weeks*

Immediate *Exhaustion* How long *Immediate 3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Arthur E. Sanders* Address *Crumpton*

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJames Thomas  
Cress Roads

County

MARYLAND

Date

of death

1960

Month

7

Day

14

Age

Years

78

Months

Days

Sex

male

Color or  
Race

black

Birth-  
place

md.

Occupation

Laborer (Form)

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Don't Know

Father's  
Name

Anthony Thomas

Father's  
Birthplace

md.

Mother's  
Maiden Name

Don't Know

Mother's  
Birthplace

Don't Know

Name of person giving  
Information

Anthony Thomas

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

La Grippe

How long

1 week

Immediate

Paralysis of Heart

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

A. W. Shover, M.D.

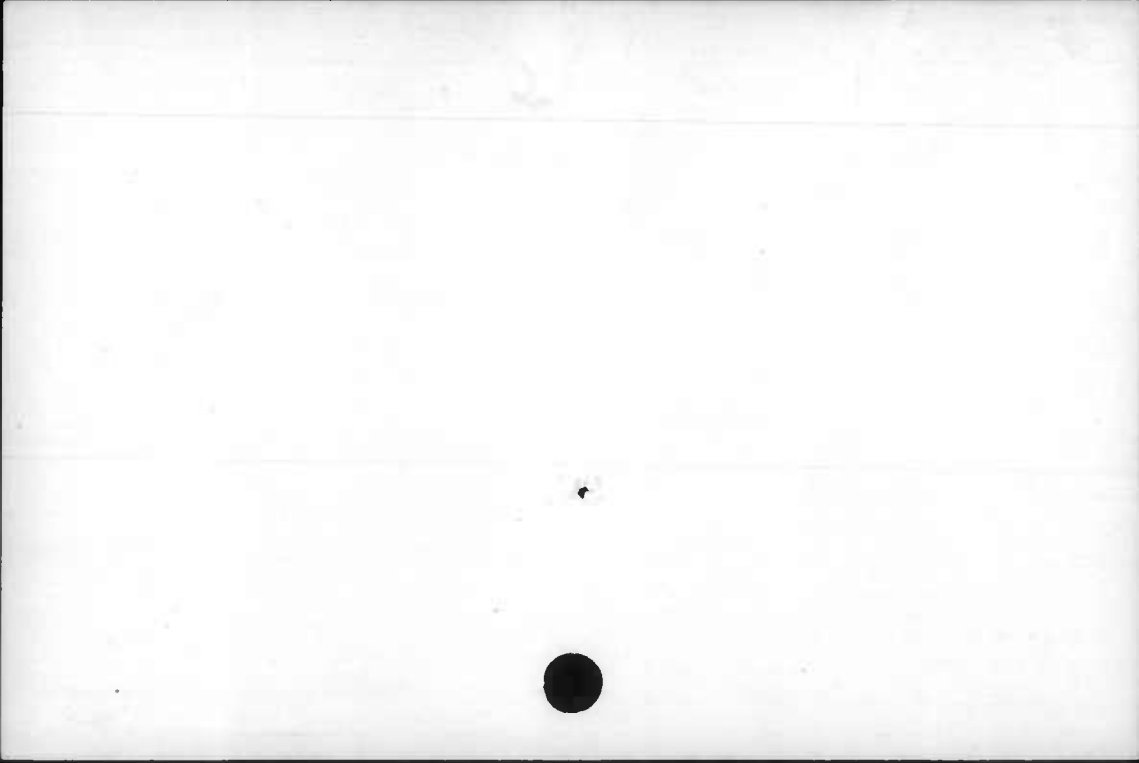
Address

Hillsboro md.

Accident or Suicide

No

PHYSICIAN  
OR CORNER



Name  
in  
Full

## CERTIFICATE OF DEATH

Frank Tolson

Town

County

MARYLAND

Died at

Mar Indianville Queen Anne

Date

Month

Day

Years

Months

Days

of death 1940

2

27

Age 12

Sex

Male

Color or  
Race

Black

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles Tolson

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Lottie Mason

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Joseph Mason

How related  
to deceased

Uncle

## CAUSES OF DEATH

27

Primary

Consumption 3 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. R. Smith.  
Simpleville, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

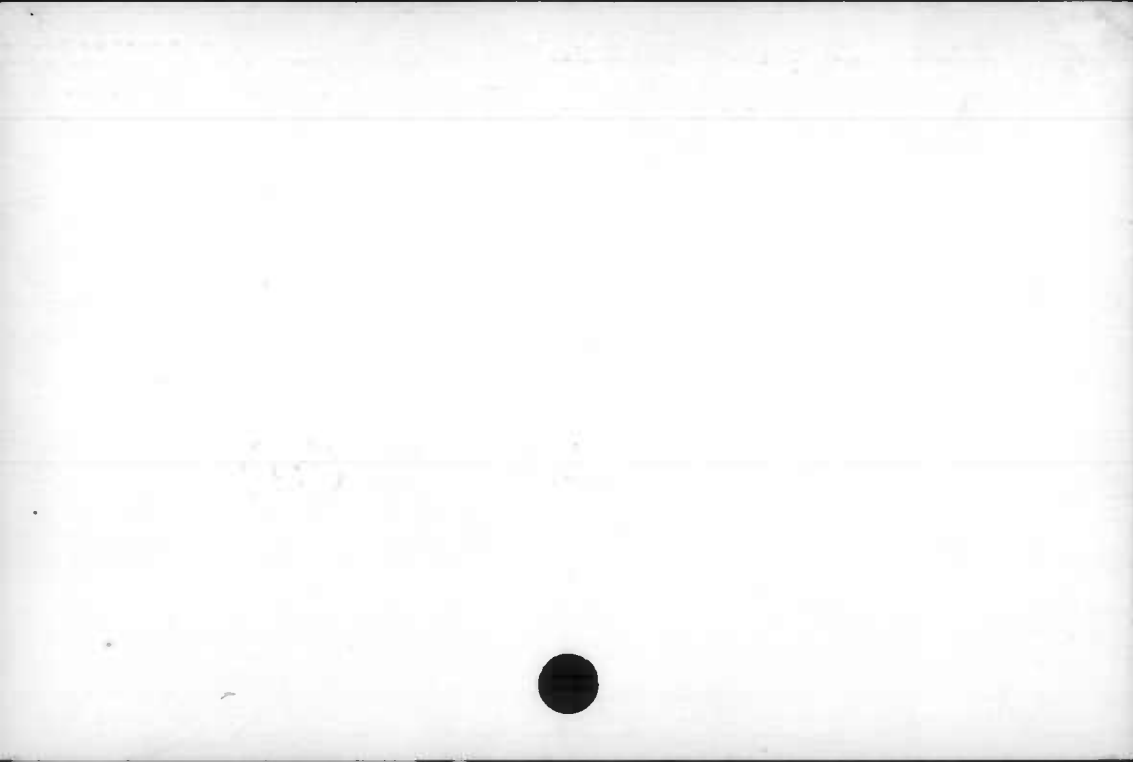
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Victoria Tolson</i>		Town <i>Stevensville</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at		Month <i>10</i>		Day <i>13</i>		Years <i>68</i>	
Date of death 19 <i>10</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Kent Is.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John H. Tolson</i>					
Father's Name <i>James Lockey</i>		Father's Birthplace <i>Kent Is.</i>					
Mother's Maiden Name <i>Mary Hopkins</i>		Mother's Birthplace <i>11 4</i>					
Name of person giving Information <i>Wm W. Tolson</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Apoplexy</i>	How long <i>24 hrs</i>
Immediate <i>Stomach disorder</i>	How long <i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. W. E. Snyder</i>
	Address <i>Stevensville Md.</i>
Accident or Suicide	



Name  
in  
Full

CERTIFICATE OF DEATH

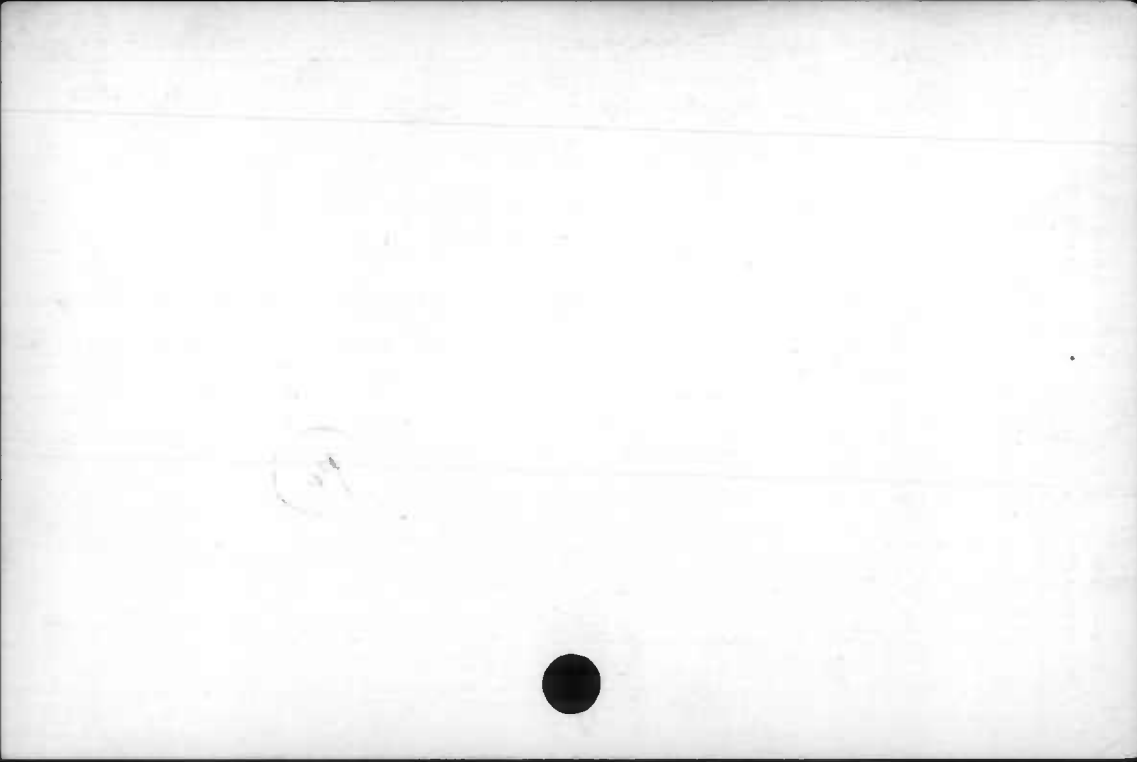
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Unnamed Walters* Town *Stevensville* County *Queen Anne* **MARYLAND**  
 Died at *Stevensville*  
 Date of death 19*00* Month *Feb* Day *8* Age *8* Years Months Days  
 Sex *Male* Color or Race *White* Birth-place *Kent Island*  
 Occupation *None* Where Residing if not at place of death *.. ..*  
 Married, Single or Widowed *Single* Name of Wife or Husband *.. ..*  
 Father's Name *John S Walters* Father's Birthplace *Kent Island*  
 Mother's Maiden Name *Mollie Esseyard* Mother's Birthplace *.. ..*  
 Name of person giving Information *John S. Walters* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *2 times* How long *2 days*  
 Immediate *convulsions* How long *6 hours*  
 Are the name, age, sex, color, data and place correctly given above? *yes*  
 Signature of Physician *Wm. S. Henry*  
 Address *Stevensville*  
 Accident or Suicide *no*





Name  
in  
Full

Buler Elizabeth Wilson

CERTIFICATE OF DEATH

Town

29. Co.

MARYLAND

Died at Starr

Date

of death

1900

Month

2nd

Day

22nd

Age

Years

1

Months

4

Days

22

TO BE ANSWERED BY  
NEAREST FRIEND

Sex

Female

Color or  
Race

Black

Birth-  
place

29. Co.

Occupation

Child

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Geo. M. Wilson

Father's  
Birthplace

29. Co.

Mother's  
Maiden Name

Amanda Thomas

Mother's  
Birthplace

29. Co.

Name of person giving  
Information

Amanda Thomas

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Bat-snippe

How long

7 days

Immediate

Broncho-pneumonia

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of

Harry Clark Browner

Address

Green Home Md

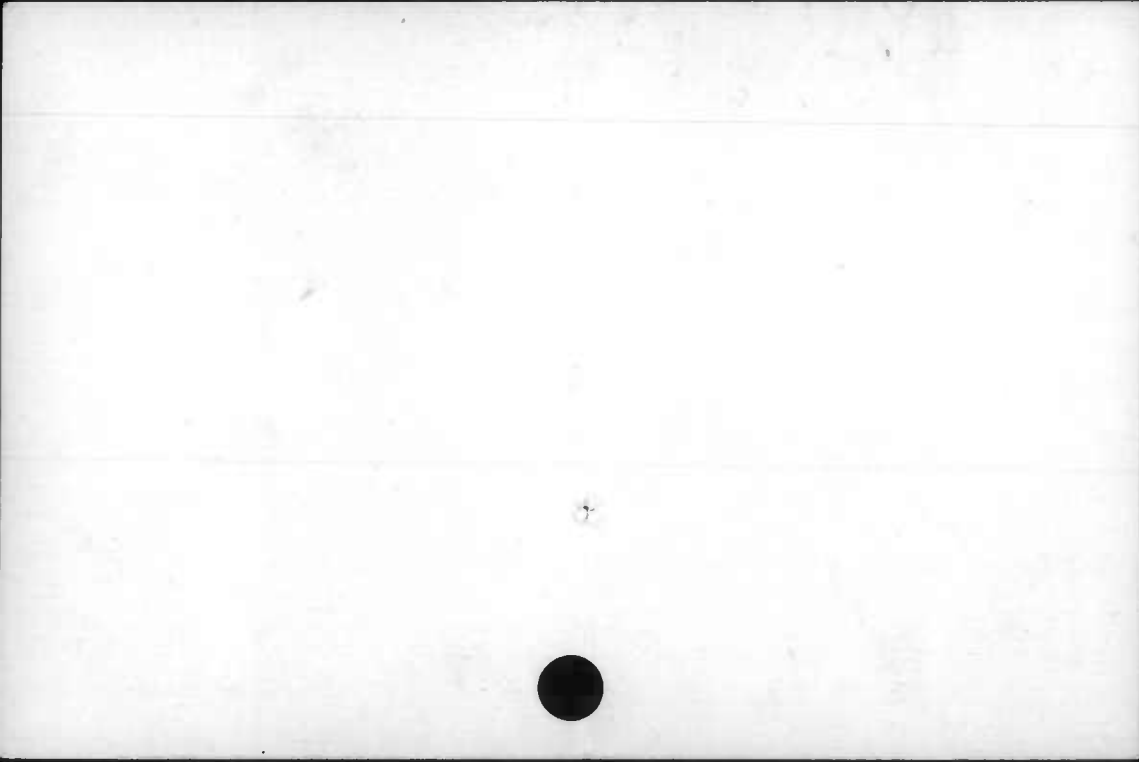


H. H. B. Browner, M.D.

Accident or Suicide

No.

PHYSICIAN  
OR CORNER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Grace V. Wilson</i>		Town <i>Brownsville</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at <i>Brownsville</i>		Month <i>Feb.</i>		Day <i>1<sup>st</sup></i>		Years <i>17</i>	
Date of death <i>1900 Feb. 1<sup>st</sup></i>		Months <i>10</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Queen Anne's Co</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Brownsville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Wilson</i>		Father's Birthplace <i>Kent Island</i>					
Mother's Maiden Name <i>Mary A Anderson</i>		Mother's Birthplace <i>Queen Anne's Co</i>					
Name of person giving information <i>Henry Wilson</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

27

V

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>she was seen by a Dr 18 months ago he would kill</i>
<i>yes</i>	Address <i>John W. Seamon</i>
Accident or Suicide? <i>no</i>	<i>sub Registrar</i>

